

### 35.0.0 APPLICATION

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#### **35.1.0 Introduction**

Encourage anyone who expresses interest in applying to file an application the same day. When an application is requested, mail the application or schedule a telephone or face-to-face interview the same day. Provide any instruction and/or materials needed to complete the application process. Provide a Notice

of Assignment: Child Support, Family Support, Maintenance and Medical Support form (DES 2477) and Good Cause Claim form (DES 2019) to each client with children that is applying for Medicaid (MA) or to anyone that requests either of these.

Make applications available, upon request, to those groups and persons involved in outreach efforts.

#### **35.1.1 Right to Apply**

Allow any person to apply for MA, including minors. An authorized representative may apply on a person's behalf if s/he requests, is incapacitated, or incompetent.

Contact by a client's representative before s/he submits a signed application form is only an inquiry about assistance.

#### **35.1.2 Affirmative Action and Civil Rights**

The Rehabilitation Act of 1973 requires a person with impaired sensory, manual, or speaking skills have an opportunity to participate in programs equivalent to those afforded non-disabled persons.

Notify clients during intake that assistance is available to assure effective communication. This includes certified interpreters for deaf persons and translators for non-English speaking persons. See the Wisconsin Medicaid Eligibility and Benefits brochure (PHC 10025).

The Civil Rights Act of 1964 requires that applicants for public assistance have an equal opportunity to participate regardless of race, color, or national origin.

#### **35.2.0 Choice of Application**

Inform the client that the following three application and review options are available for any client who is applying for MA only:

1. Face-to-Face Interview.
2. Mail-In.
3. Telephone Interview.

## 35.0.0 APPLICATION

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### 35.2.0 Choice of Application (cont.)

If the client chooses the mail-in or telephone method of application, inform him/her that this effectively eliminates a choice of W-2, Child Care (CC), Caretaker Supplement (CTS), and Food Stamps (FS) eligibility for them as part of this application. Complete Client Registration at the time of the initial contact with the client.

When an individual chooses the MA only telephone or mail-in application method, a written and signed form stating they are

'not requesting' FS, CC, CTS, or W-2 is not required, as long as the client is completing a telephone application or using the Medicaid Elderly, Blind, Disabled Application (DES 2034) or the Wisconsin Medicaid/BadgerCare Family Application form (DES 12277).

Once a client has chosen a method of application, do not require the client to use that method for any subsequent reviews. The client may choose any of the three methods listed above at each review of eligibility.

### 35.3.0 Valid Application

A valid application for a subprogram of MA must include the client's:

- Name, **and**
- Address, **and**
- Signature in the Rights and Responsibilities section of a MA application.

The date the application is received by the Economic Support Agency (ESA) with the client's name, address and signature is the filing date. The 30-day processing timeframe begins on the filing date.

However, non-financial and financial information is needed to determine eligibility. Collect any other necessary information before approving or denying the application.

#### 35.3.1 Assistance in Applying

The client may be assisted by any person s/he chooses in completing an application. Any person that s/he chooses to apply on his/her behalf must be designated as an authorized representative (IMM, Ch. I, Part A, 18.3.0).

The client may have a guardian or conservator (IMM, Ch. I, Part A, 19.0.0) complete the application for him/her. Ensure

### 35.0.0 APPLICATION

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#### 35.3.1 Assistance in Applying (cont.)

that any person claiming to be a guardian or conservator is authorized to apply on the client's behalf.

Assist the client in completing the application if s/he needs assistance. When a client contacts the incorrect agency for him/her, redirect him/her to the correct agency immediately. If the contact is an application form received by mail or fax, send the application form to the correct location within the same day or the next working day after receipt. Remember, if the application is faxed the same day the application is received, the filing date is preserved.

#### 35.3.2 Residence

The client must apply in the county in which s/he resides. A client who resides in a nursing home is a resident of the county in which the nursing home resides.

The client's county of residence at the time of admission must receive and process applications for persons in these state institutions:

- Northern, Central, and Southern Centers.
- Winnebago and Mendota Mental Health Institutes.
- The University of Wisconsin Hospital.

Waupaca County receives and processes all applications and reviews for residents of the Wisconsin Veterans Home at King, regardless of the county of residence.

#### 35.3.2.1 *Intercounty Placements*

When a county 51.42 board, 51.437 board, human services department or social services department places a person in a congregate care facility that is located in another county, the placing county remains responsible for determining and reviewing the client's MA eligibility. A congregate care facility is a:

- Child care institution.
- Group home.
- Foster home.
- Nursing home.
- Adult Family Homes (AFH).
- Community Based Residential Facility (CBRF).
- Any other like facility.

### 35.0.0 APPLICATION

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#### 35.3.2.1 *Intercounty Placements (cont.)*

The placing county may request the assistance of the receiving county in completing applications for clients who are not MA certified and reviews for MA recipients. The receiving county must then forward the information to the placing county. The placing county remains responsible for determining the client's eligibility. If the placing county requests assistance from the receiving county, the placing county must provide the other agency with:

- The client's name, age, and SSN.
- The date of placement.
- The client's current MA status.
- The name and address of the congregate care facility in which the person has been placed.
- The name of the county and agency making the placement.

When there is a dispute about responsibility, the social or human services department of the receiving county may initiate referral to the Department of Health and Family Services (DHFS Area Administration office for resolution. Pending a decision, the county where the person is physically present must process the application, any changes, and reviews.

#### 35.3.2.2 *Applications Outside Wisconsin*

Generally, an application should not be taken for a resident of Wisconsin when an individual is outside of Wisconsin. An exception is when a Wisconsin resident becomes ill or injured outside of the state or is taken out of the state for medical treatment. In this case, the application may be taken, using Wisconsin's application forms (35.4.5.1), by the public welfare agency in the other state. The Wisconsin ESA determines eligibility when the forms are returned.

#### 35.3.5 Signing the Application

The client must sign the application form with his/her regular signature or with a mark except when:

1. A guardian signs for him/her. When an application is submitted with a signature of someone claiming to be the client's guardian, obtain a copy of the document that designates the signer of the application as the guardian.

### 35.0.0 APPLICATION

#### 35.3.5 Signing the Application (cont.)

From the documents provided, ensure that the individual claiming to be the client's guardian can file an application on his/her behalf (35.3.5.2). File the copy of the document in the case record.

2. An authorized representative signs for the client (35.3.5.1).
3. Someone acting responsibly for the client signs the form on behalf of the client, if the client is incompetent or incapacitated.

**Example.** Carl is in a coma in the hospital. Sherry, a nurse that works at the hospital, can apply for MA on Carl's behalf.

4. A superintendent of a state mental health institute or center for the developmentally disabled signs on behalf of a patient.
5. A Warden signs the application for a client that is an inmate of a state correctional institution that is out for more than 24 hours (1.9.1).
6. The director of a county social or human services department delegates, in writing (retain a copy of this written authorization), to the superintendent of the county psychiatric institution the authority to sign and witness an application for residents of the institution.

The social or human services director may end the delegation when there's reason to believe that the delegated authority is not being carried out properly.

7. The client's durable power of attorney (§ 243.07, Wis. Stats.) signs the application. A durable power of attorney is a person to whom the client has given power of attorney authority and agrees that the authority will continue even if the client later becomes disabled or otherwise incapacitated.

When a submitted application is signed by someone claiming to be the client's durable power of attorney:

- a. Obtain a copy of the document the client used to designate the signer of the application as the durable power of attorney.

### 35.0.0 APPLICATION

---

#### 35.3.5 Signing the Application (cont.)

- b. Review the document for a reference that indicates the power of attorney authority continues notwithstanding any subsequent disability or incapacity of the client.

Do not consider the application properly signed unless both of these conditions are met. File a copy of the document in the case record.

##### 35.3.5.1 *Authorized Representative*

The client may authorize someone to represent him/her (IMM, Ch. I, Part A, 18.3.0).

If the client wishes to authorize someone to represent him/her when applying by mail, instruct him/her to complete the authorized representative section of the application form.

If the client needs to appoint an authorized representative when applying by telephone or in person, instruct the client to complete the Medicaid Authorization of Representative form (HCF 10126).

An authorized representative is responsible for submitting the signed application (completed insofar as able) and any required documents.

When appointing an authorized representative, someone other than the authorized representative must witness the client's signature. If the client signs with a mark, two witness signatures are required.

##### 35.3.5.2 *Guardian or Conservator*

Your agency's social services department determines the need for a guardian or conservator (IMM, Ch. I, Part A, 19.0.0). Determine the guardian type specified by the court.

Only the person designated as the guardian of the estate (IMM, Ch. I, Part A, 19.2.0), guardian of the person and the estate, or guardian in general may sign the application. You may not require a conservator (IMM, Ch. I, Part A, 19.4.0) or guardian of the person (IMM, Ch. I, Part A, 19.1.0) to sign the application.

## 35.0.0 APPLICATION

---

### 35.3.5.3 *Witnessing the Signature*

For mail and telephone applications, as well as reviews, the application form does not require an agency staff person to witness the signature. It does not affect the State of Wisconsin's ability to prosecute for fraud nor does it prevent the MA program from recovering benefits provided incorrectly due to a client's misstatement or omission of fact.

Two witnesses are required when the application is signed with a mark.

### 35.3.5.4 *Spousal Impoverishment Cases*

All spousal impoverishment MA applications and reviews require the signatures of **both** the institutionalized person and the community spouse, or of another authorized person (IMM, Ch. I, Part A, 18.0.0).

If the institutionalized person's signature is missing, deny the application.

If the community spouse's signature is missing, test the institutionalized person's eligibility as if s/he were unmarried **unless** one or more of the following conditions exists:

1. The institutionalized person assigns to the state all rights to support from the community spouse.
2. The institutionalized person is not able to make an assignment of support from the community spouse because the institutionalized person is physically or mentally impaired, **and**

The ESA has the right to bring a support proceeding against the community spouse without an assignment.

3. The denial of eligibility will be an undue hardship for the institutionalized person (23.4.4).

If one or more of the above conditions exists, test the institutionalized person's eligibility using spousal impoverishment policies.

When policy requires a witness to the institutionalized person's signature (IMM, Ch. I, Part A, 18.1.0 and IMM, Ch. I, Part B, 8.0.0), the community spouse's signature must also be witnessed.

### 35.0.0 APPLICATION

---

#### **35.4.0 Application Processing**

Make a decision on the client's MA eligibility as promptly as possible. Do not delay making a decision on one program because eligibility has not been determined for another program of assistance.

##### **35.4.1 Filing Date**

The filing date is the day you receive page one of the CAF or an application with the client's name, address and signature on it.

When an application is received by mail or fax, date-stamp or write the date that you received the valid application form.

##### **35.4.2 Reopening a Case** **35.4.2.1 Termination**

If less than a calendar month has passed since a client's eligibility has been terminated and the client is not open for any other program, the client can provide the necessary information to reopen his/her MA without filing a new application and resign the original application or page one of the CAF.

If more than a calendar month has passed since a client's eligibility was terminated and the client is not open for any other program, the client must file a new application to reopen his/her MA.

##### **35.4.2.2 Denial**

If less than 30 days has passed since the client's eligibility was denied, allow the client to resign the application or page one of the CAF.

If more than 30 days has passed since a client's eligibility was denied and the client is not open for any other program, the client must file a new application to reopen his/her MA.

If the client is open for any other program of assistance, do not require him/her to resign his/her application or sign a new application.

##### **35.4.3 Changes**

Consider changes that occur between the filing date and CARES confirmation date in the application decision. Include changes which affect both eligibility and initial benefits, but do not hold or alter initial benefits after the CARES confirmation date.



### 35.0.0 APPLICATION

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#### 35.4.3 Changes (cont.)

For changes that occur after the processing date, follow the adequate and timely notice requirements (IMM, Ch. II, Part G).

#### 35.4.4 Processing Timeframe

Process the application as soon as possible within 30 calendar days from the filing date and approve and/or deny (35.5.2, 35.5.3, 35.5.4) each subprogram of MA.

Extend the 30-day processing time up to an additional 10 days, if you are waiting for the client to provide additional information. CARES will issue a pending notice indicating the reason for the delay. To send a manual Negative Notice (DES 2051) complete the following steps explaining:

1. The reason for the delay. Use Item 8 in the Negative Notice to explain the reason for the delay.
2. The information that must be provided to complete the application.
3. The date by which this information must be provided. Give the client at least 10 days to provide the requested information.

You may deny the application for failure to provide information if:

1. Information requested was a mandatory verification item (37.0.0), **and**
2. The client had the power to produce the verification within the period, but failed to do so, **and**
3. The client failed to provide the information within ten days and the 10<sup>th</sup> day was the last day of the 30-day processing period or after.

**Example.** A signed page one of the CAF is received on March 15, 2002. The first day of the 30-day period is March 16, 2002. The end of the 30-day period would be April 14, 2002. Since April 14, 2002 is a Sunday, extend the last day of the processing timeframe to the next business day. This last day would be April 15, 2002.

If the agency fails to take action (positive or negative) during the 30-day processing period, and the client is subsequently

### 35.0.0 APPLICATION

#### 35.4.4 Processing Timeframe (cont.)

found eligible, restore any lost benefits using the original application date.

**Example.** A signed page one of the CAF is received on May 15<sup>th</sup>. The first day of the 30-day period is May 16<sup>th</sup>. The end of the 30-day period would be June 14<sup>th</sup>. The application is approved on June 20<sup>th</sup>, and the client is determined eligible. Certify MA for the client beginning May 1<sup>st</sup>.

#### 35.4.5 Mail-In Processing

If an application is faxed into the ESA, the original application form is **not** required for processing. Do not deny MA because the original application form was not received.

Any items that are left blank should be assumed to be 'No' or \$0.00 answers, unless there is a reason to deem the answer or lack of an answer as questionable (37.0.0).

If a worker identifies a need for additional information (i.e., self-employment income and expense details), that is not detailed on the application form, contact the client by telephone or mail to obtain self-declared information. Document any additional self-declared information that a client provides through a telephone or mail contact in case comments.

If mandatory verification is missing or an item is deemed questionable, send a written list (EEVC) of what needs to be provided and the due date for the information to be received. Allow the client until the end of the 30<sup>th</sup> processing day or 10 days from the request, whichever is later, to provide the requested information. If the information is not provided, deny eligibility for MA for failure to verify mandatory or questionable information or failure to provide/clarify necessary information.

##### 35.4.5.1 Application Forms

Use the following two application forms to determine a client's eligibility for MA only:

1. Information and Application for Wisconsin Medicaid for the Elderly, Blind, and Disabled. (DES 2034).

Use this form when the client is elderly, blind, or disabled and wishes to apply for MA only.

### 35.0.0 APPLICATION

---

#### 35.4.5.1 *Application Forms* (cont.)

#### 2. Information and Application for Wisconsin Family Medicaid/BadgerCare (DES 12277).

Use this application form when the client wishes to apply for a subprogram of Family MA only.

If a client fills out any other application form than DES 2034 or DES 12277 and the application includes a request for another program of assistance, do one of the following:

1. Process the application as a mail-in application for MA and schedule an interactive interview to complete the rest of the application.
2. Have the client sign the Voluntarily Declining Aid form (DES 2233) for the other program of assistance and process the application form as a mail-in application.

If the client indicates on DES 12277 that a member of the family is blind or disabled, process the application and request any additional information from the client needed to determine EBD MA eligibility.

#### 35.4.6 Phone-In Processing

Complete client registration during the initial contact with the client. Mail the client page one of the CAF as well as the following items the same day the telephone application or review request is made:

1. *Applying for Medicaid* Fact Sheet (<http://www.dhfs.state.wi.us/medicaid/index.htm>).
2. *Medicaid Eligibility and Benefits* brochure (PCH 10025).
3. Brochures and fact sheets specific to the client's circumstances (<http://www.dhfs.state.wi.us/medicaid/index.htm>).

The filing date is set when page one of the CAF is received at the ESA with the client's name, address, and signature. Do not complete the telephone interactive interview until this form has been returned.

Schedule a time (within regular agency hours) that is convenient for the client for the telephone application. Inform the client that s/he needs to be available without interruptions for a specified time period to complete the

### 35.0.0 APPLICATION

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#### 35.4.6 Phone-In Processing (cont.)

application. The telephone interview can be scheduled before or after the filing date has been established.

Ensure that the client has had a reasonable opportunity to connect with you for the telephone interview before considering him/her a “no show.”

If at any time during the interview, the client wishes to apply for any other program, complete the MA application interview, determine MA eligibility, and schedule a face-to-face interview for the client at his/her earliest convenience.

Print out the Combined Application Form (CAF) from CARES and send it to the client. The client must initial and sign the CARES CAF on the signature page, and return it to the ESA. The client has until the end of the 30<sup>th</sup> day from the filing date or 10 days from the date the form is sent to him/her, whichever is later, to return the CARES CAF with any corrections indicated. If the form is not returned within this timeframe, deny the application for failure to sign the application form by overriding CARES eligibility with an 045 code on AGOE.

When the signed and completed application form is received timely, determine if the client made any changes to the information. If so, enter these changes into CARES. Determine eligibility and confirm the results using CARES. CARES will generate the appropriate approval or denial notice of decision.

If the signed and completed CARES CAF is returned after eligibility has been denied, treat the application as a new mail-in application. Contact the client for current information.

**Example.** A CARES CAF is sent to Mary on May 15<sup>th</sup>. Mary is expected to return it by May 30<sup>th</sup>. She does not return the CARES CAF signed by May 30<sup>th</sup>. Deny Mary's MA eligibility and allow the appropriate notices to be sent out.

Mary sends in the signed CARES CAF on July 7<sup>th</sup>. Treat this as a new application, and use the date that it is received by the agency as the filing date.

### 35.0.0 APPLICATION

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#### 35.4.7 Minors Living Independently

Process the application of a minor living independently the same way as you would process an application for an adult (IMM I, A, 12.0.0).

#### 35.5.0 Decision on Application

Make an eligibility decision for each completed application filed in your agency.

Once the client has completed the application process, complete the following using CARES and the appropriate policy documents:

1. Determine each person's eligibility.
2. Document case actions and circumstances in CARES case comments.
3. Notify the client on a CARES notice of decision or a manual positive or negative notice regarding his/her eligibility.

If a Supplemental Security Income (SSI) applicant/recipient or authorized representative submits an application at both the SSA and ESA, provide a notice of decision for each ESA application.

#### 35.5.1 Withdrawal

A signed application form is an application for assistance. Applications are recorded as applications and must be formally disposed (IMM, Ch. I, Part A, 28.0.0). Withdrawing an application ends the application process already begun. Withdrawal does not negate the fact that the application was filed.

Only the applicant can decide to voluntarily withdraw an application. Some examples of when this might occur include:

1. Relatives are voluntarily willing to support.
2. The applicant does not wish to comply with one or more requirements.
3. The applicant knows s/he is not eligible.

Have the client complete a Voluntarily Declining Aid form (DES 2233). Withdraw the case in CARES. This

### 35.0.0 APPLICATION

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35.5.1 Withdrawal (cont.)	establishes an official date of application for determining any potential divestment of assets.
35.5.2 Approval	<p>When you determine a group is eligible:</p> <ol style="list-style-type: none"><li>1. Approve the application for those MA subprograms in which the eligibility requirements have been met, or process a DES 3070 when an eligibility decision is made manually.</li><li>2. Notify the client on a CARES-generated Notice of Decision or Positive Notice (DES 2052) of the benefits for each program approved.</li><li>3. File in the case record a copy of all forms completed and sent that are not in the CARES history file.</li></ol>
35.5.2.1 <i>Women, Infants, and Children (WIC) Referral</i>	<p>Whenever you approve MA to a group including a woman who is pregnant or recently gave birth or a child under five years old:</p> <ol style="list-style-type: none"><li>1. Refer the group to your local Special Supplemental Food Program for Pregnant Women, Infants, and Children (WIC) Program.</li></ol> <p>CARES-generated notices will provide such a referral notice automatically.</p> <p>When you provide a manual positive notice to the MA group, include the following statement:</p> <p>"If someone in your household is pregnant, breastfeeding, has recently given birth or is under age five, you should be aware that for these persons a Special Supplemental Food Program for Pregnant Women, Infants, and Children (WIC) exists in your area. If you are interested, please call (insert your local WIC project's name here) at (insert your local WIC project's phone number here).</p> <ol style="list-style-type: none"><li>2. Provide the group with the WIC program pamphlet.</li></ol> <p>Obtain copies of the pamphlet from your local program office of the Department of Health and Family Services, Division of Public Health.</p>

### 35.0.0 APPLICATION

---

#### 35.5.3 Denial

When you determine a group is ineligible:

1. Deny the application for those subprograms for which eligibility requirements have not been met.
2. Deny the application when the client does not provide information necessary for a determination.
3. Notify the client on a CARES Notice of Decision or Negative Notice (DES 2051), of each program for which s/he is not eligible.
4. File, in the case record, the information on which the denial is based and a copy of the notice sent if not in CARES.

#### 35.5.4 Approval and Denial

Send the applicant a CARES Notice of Decision or both a Positive (DES 2052) and a Negative (DES 2051) Notice when any of the following occurs:

1. The client is found eligible for a program and ineligible for another.
2. The client is found eligible for a program and is discontinued from another.
3. The application is approved, but a person in the group is denied.
4. Any other approval and denial combination.

#### 35.6.0 Publications

For clients that are determined MA eligible, send out program information to the client that was not supplied at the initial filing of the application. This information could include such things as:

1. A fact sheet for the program for which they are eligible (<http://www.dhfs.state.wi.us/medicaid/index.htm>).
2. A Change Report (DES 2001).
3. The Eligibility and Benefits brochure (PHC 10025).

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35.0.0 APPLICATION

---

35.6.1 Eligibility and Benefits	Provide each client the Eligibility and Benefits brochure (PHC 10025). Answer any questions s/he may have about the pamphlet's information.
35.6.2 Change Report	Provide each client with a Change Report (DES 2001) when s/he applies (and at any time s/he reports a change. It is not mandatory that the DES 2001 be used in reporting changes.
35.6.3 HealthCheck for Children	HealthCheck for Children is a program administered by the Department of Health and Family Service (DHFS), Division of Health Care Financing (DHCF) and provides early screening, diagnosis, and treatment of health problems for children receiving MA. Provide the HealthCheck brochure (PHC 1007) to families with children that are found eligible for MA.